CANDIDATE COMMITTEE COVER PAGE

COVER PAGE	FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 01/01/08 to 07/21/08
Committee I.D. Number	4 Candidate to 07/21/08
14074	4. Candidate Last Name First Name
	Thomas M.I.
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
Tom Hickner for County Executive	County Executive
5. Committee's Mailing Address	4b. County of Residence Bay County
Tom Hickner	6. Treasurer's Name & Residential Address
PO Box 403	Ken Grzegorczyk
Bay City, MI 48707-0403	2889 Queen Annes Ct.
-57 Oily, Wii 40707-0403	Bay City, MI 48706
Area Code and Di (000) con	7, m. 10, 00
Area Code and Phone (989) 667-4125	
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	QC-mapps.
7. Transpured Provider Rendered Provider Rendered Provider Rendered Rendere	Area Code & Phone (989) 684-4985
7. Treasurer's Business Address	
J & K Income Tax Service	8. Designated Record keeper's Name and Mailing Address (If the committee has a Marie A Haves
1604 22nd St.	Marie A. Hayes
Bay City, MI 48708	114 N. Sheridan St.
į.	Bay City, MI 48708
rea Code and Phone (989) 892-2563	
	Area Code and Phone (989) 892-3986
TYPE OF STATEMENT	Thore 2 years
9a. Pre-Election OR 9h	
Post-Ele	ection 9c. Annual Statement (Coverage Year)
Pre Florier P	
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
✓ Primary General	i
Convention	and domininger
School	Effective Date of Dissolution
Special	
Caucus	
Date of Election, Convention or Caucus	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further than 1997
08/05/08	The dissolution cannot be greated it least Fulfiller, I/We request that if
	the Reporting Waiver.
mmittee that does not have a Reporting M.	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Campaign Statements. The Campaign Statements must include all applicable set, and outstanding debts count against the \$1,000 Reporting Waiver threshold. The request for the committee's Statement of Omanical Include and Inc
uules. Direct contributions, in-kind contributions, loans, expenditure	Campaign Statements. The Campaign Statement
idment to the Statement of Organization should accompany to the filing deadline of	ce the information was shown on the
rification: IWe cortifut the all	mpaign Statement. If a request for a Reporting Waiver is not received an
r knowledge and belief the contents are true, accurate and	d Campaign Statements. The Campaign Statements must include all applicable ces, and outstanding debts count against the \$1,000 Reporting Waiver threshold. The information was shown on the committee's Statement of Organization, an impaign Statement. If a request for a Reporting Waiver is not received on or impaign statement cannot be waived. The preparation of this statement and attached schedules (if any) and to the best of
t Transura-	and attached schedules (if any) and to the best of
Marie A. Hayes	P(x) = P(x) + P(x)
Type or Print Name	Tarrell Hayer 7-72-00
	Signature
	10 m
Thomas L. Hickner	
Type or Print Name rity granted under P.A. 388 of 1976	Signature Date 7-33-03

1. Committee I.D. Number 14074

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Tom Hickner for County Executive

CANDIDATE COMMITTEE	2. Committee Name 1011 Flickfiel 101	County Executive
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 8,180.00	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$8,180.00	(18.) \$ \$21,680.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$25.00	(19.) \$ \$25.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$8,205.00	(20.) \$ \$21,705.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$1,021.00	(21.) \$ \$4,555.94
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		(-2.)
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$2,506.90	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
с. Unitemized (less than \$50.01 each - по Schedule)	(8c.) \$ _\$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$2,506.90	(23.) \$ \$6,316.44
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$3,322.90	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$ \$0.00	
(Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS	(11.) \$ \$3,322.90	(24.) \$ \$9,807.51
Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$_\$3,046.29	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$8,205.00	_
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$11,251.29	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$5,829.80	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$5,421.49	*
		j

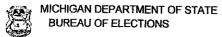


ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

3. Name & Address From W	/hom Received 4. Date of Receipt	2. Committee Name Tom Hickner for County Executive
Receipt #1	Date of Receipt 01/01/08	5. Type of Receipt 6. Amount
Name & Address:	01/01/08	Loan from a Lending Institution
MiDCO		Interest \$ 25.00
38134 SARNETTE	4000	Refund \Rebate Click for Memo Itemization Type
CLINTON TWP MI		
Receipt #2	Fund Raiser	Other (Specify) 2005 DUES
Name & Address:	Date of Receipt	Loan from a Lending Institution
		
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #3	Date of Receipt	
Name & Address:	and of receipt	Loan from a Lending Institution
		Interest \$
		Onox for Memo itemization Type
Daniel #4	Fund Raiser	Other (Specify)
Receipt #4 Name & Address:	Date of Receipt	
		Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5 lame & Address:	Date of Receipt	
anie & Audress:		Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	□	
eceipt #6	Fund Raiser Date of Receipt	Other (Specify)
ame & Address:	Suic of Necespt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
ceipt #7 me & Address:	Date of Receipt	
		Loan from a Lending Institution
		interest \$
		Refund \Rebate Click for Memo Itemization Type
	[] rough	
<u> </u>	Fund Raiser	Other (Specify)
		Page Subtotal \$25.00
		Grand Total of All Schedules 1A -1
		(Complete on last page of Schedule) \$25.00
e_1of_1		Enter this total on line 4 of Summary Page

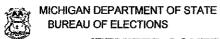


CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

. Committee Name	Tom Hickner	for Count	v Executive
Commiee Name			,

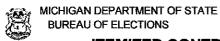
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/05/08		
James M Reid	•	
919 N Water St	10	60
Bay City MI 48708	_{\$} _10	<u>\$ 60</u>
5. If over \$100.00 cumulative, please provide:	Click Hors f	as Mana Handard
Occupation Employer	Click Here I	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/14/08 Name & Address		
James M Reid		
919 N Water St	_{\$} 35	_s 95
Bay City MI 48708	·	
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	·	
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address:		
Marty Fitzhugh 3077 Oakwood Bay City MI 48706	§ 10	_{\$} 210
5. If over \$100.00 cumulative, please provide:	Click Here to	Memo Itemization
Occupation Counsel Employer Bay County		:
Business Address 515 Center Ave Bay City Mi 48708		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
Marty Fitzhugh 3077 Oakwood Bay City MI 48706	_{\$} 100	_{\$_} 310
5. If over \$100.00 cumulative, please provide:	OF-Little	
Occupation Counsel Employer Bay County	Click Here for	Memo Itemization
Business Address 515 Center Ave Bay City Mi 48708		
Type of Contribution:		
Page Subtotal	\$155.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 1 of 43	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Arnount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address:		
MIKE & ANDREA STUDDERS		
215 AMES ST	20	
BAY CITY MI 48708	_{\$} 20	\$
5. If over \$100.00 cumulative, please provide:	Olink Hann fo	an kilomaa liinnalimaliam
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address		
STEVE KESSLER 22 CENTER CT BAY CITY MI 48708	<u>\$ 10 </u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address:		
MIKE GRAY 5009 S FRASER RD BAY CITY MI 48706	_{\$} 10	_{\$} 210
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation ADM SERVICES DIR Employer BAY COUNTY		
Business Address 515 CENTER AVE BAY CITY 48708		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
MIKE & SALLY GRAY 5009 S FRASER RD BAY CITY MI 48706	_{\$} 100	_{\$} 310
5. If over \$190.00 cumulative, please provide:	Clink Hara for	Mana Hani-atian
Occupation ADM SERVICES DIR Employer BAY COUNTY	Click Here for	Memo Itemization
Business Address 515 CENTER AVE BAY CITY 48708		
Type of Contribution:		
Page Subtotal	\$140.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
2 43	line 3a of Summary	

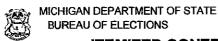


CANDIDATE COMMITTEE

1. Committee I.D. Number __

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/05/08		
LYNN STAMIRIS		
2203 CARROLL RD	10	
BAY CITY MI 48708	_{\$} 10	\$
5. If over \$100.00 cumulative, please provide:	Cliak Hara f	or Momo Homization
Occupation Employer	Click mere t	or Memo Itemization
Business Address		
Type of Contribution: 🗸 Direct Loan from a person 🗸 Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
DON & BRANDY TILLY	20	
617 GREEN AVE	_{\$} 20	. \$ <u> </u>
BAY CITY MI 48708		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address:		
DON & BRANDY TILLY	35	
617 GREEN AVE	_{\$} 35	_{\$} 55
BAY CITY MI 48708	Clink Hass fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click riere 10	i wemo nemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address		
CHRISTINA LANDSTROM	0.0	
4025 BARD RD	_{\$} 20	\$
BEAVERTON MI 48612		
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Page Subtotal	\$85.00	
Grand Total of All Schedules 1A		_
(Complete on last page of Schedule)	Enter this total on	J
Page 3 of 43	line 3a of Summary Page.	
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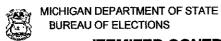
CANDIDATE COMMITTEE

1. Committee I.D. Number ______14074

2. Committee Name

Tom Hickner for County Executive

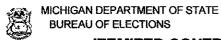
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address: JERRY & WANDA SOMALSKI	-	
1147 PINE RD	_s 50	
ESSEXVILLE MI 48732	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		***************************************
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address		
DICK & MARILYN SOMALSKI	50	170
1630 N SE BOUTELL	_{\$} 50	_{\$} 170
ESSEXVILLE MI 48732	05.1.1	B.4 H
5. If over \$100.00 cumulative, please provide: BAY LANDSCAPE	Click Here to	or Memo Itemization
Occupation OWNER/OPERATOR Employer BAY LANDSCAPE		
Business Address 1630 N SE BOUTELL ESSEXVILLE		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/17/08 Name & Address:	-	
DICK & MARILYN SOMALSKI	_s 50	, 220
1630 N SE BOUTELL	\$	<u> </u>
ESSEXVILLE MI 48732	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER/OPERATOR Employer BAY LANDSCAPE		
Business Address 1630 N SE BOUTELL ESSEXVILLE		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address		
ROBERT & KIM HORNER 3012 COVENTRY DR BAY CITY MI 48706	_{\$} 10	- \$
5. If over \$100.00 cumulative, please provide:	Olink Hann fo	an Maran Standingslop
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
Page Subtota	\$160.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule	Enter this total on	
Page 4 of 43	line 3a of Summar Page.	
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CANDIDATE COMMITTEE

2. Committee Name	Tom Hickner for County Executive	
z. Committee Name		

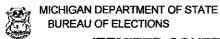
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address: MIKE BUDA 526 HANDY DR BAY CITY MI 48706	_{\$} 10	\$
5. If over \$100.00 cumulative, please provide:	Click Here fe	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address	-	
KEN PETERSEN 3058 LANTERN CT BAY CITY MI 48706	<u>\$ 10 </u>	_{\$} 210
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation PERSONNEL DIR Employer BAY COUNTY		
Business Address 515 CENTER AVE BAY CITY 48708		·
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
KEN PETERSEN 3058 LANTERN CT BAY CITY MI 48706	\$ 100	s 310
5. If over \$100.00 cumulative, please provide:	Official force for	WOMO ROMEZUGOM
Occupation PERSONNEL DIR Employer BAY COUNTY		
Business Address 515 CENTER AVE BAY CITY 48708		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address	_	
SCOTT & NANCY CARMONA 5757 S TWO MILE BAY CITY MI 48706	_{\$} 20	<u>s</u> 220
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation CEO Employer SUNRISE NATIONAL DIST	_	
Business Address 6004 WESTSIDE SAG RD BAY CITY 48706		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subto	otal \$140.00	
Grand Total of All Schedules 1	1A	_
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Page 5_of 43_	Page.	



CANDIDATE COMMITTEE

1. Committee i.D. Number ______

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address: TIM KELLY		
2152 6TH ST	_{\$} 10	
BAY CITY MI 48708	\$ <u>10</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	Manager and the second	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		·
TIM & PAM KELLY 2152 6TH ST BAY CITY MI 48708	_{\$} 70	_{\$} 80
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address:	-	
RYAN CAMPBELL 1604 MARSAC ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide:	\$ 10 Click Here for	\$r Memo Itemization
OccupationEmployer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/05/08 Name & Address		
HEATHER BAUMAN-BYCE 3461 E N UNION BAY CITY MI 48706	_{\$} 10	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Pageof	line 3a of Summary	



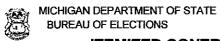
CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

2. Committee Name

Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 04/07/08 Name & Address:	•	
MICHAEL & LYNN LOCKWOOD 4514 AUTUMN RIDGE SAGINAW MI 48603 5. If over \$100.00 cumulative, please provide:	_{\$} 20	\$
	Click Here for	or Memo Itemization
Occupation Employer		
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/24/08 Name & Address	-	
CHARLES & JUDY BRUNNER 208 E MURPHY ST BAY CITY MI 48706	_{\$} 35	_{\$} 105
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation MAYOR Employer BAY CITY		
Business Address CITY HALL WASHINGTON AVE BAY CITY		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
DON & RITA HARE 2920 BLUEBERRY PL SAGINAW MI 48603	_{\$} 35	_{\$} 100
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address		
JAMES G HELLER PO BOX 706 AU GRES MI 48703 5. If over \$100.00 cumulative, please provide:	§ 35	\$
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	\$125.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		-
Page 7 of 43	Page.	

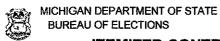


CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

	·····	
2 Committee Name	Tom Hickner for	County Executive

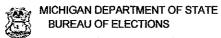
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/14/08 Name & Address:		
THOMAS LAPORTE		
2230 GROVELAND	ູ 35	. 170
BAY CITY MI 48708	\$	\$ 170
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation LANDLORD Employer SELF	Gilon (Toro)	or morns normadion
Business Address LAPORTE BLDG DOWNTOWN BAY CITY		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address		
PLUMBERS & STEAMFITTERS 85 PAC	70	,
PO BOX 6547	_{\$} 70	. \$
SAGINAW MI 48608-6547		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
OccupationEmployer		
Business Address]
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address:		· · · · · · · · · · · · · · · · · · ·
KEITH & GRETCHEN PRETTY	35	
608 W MAIN ST	_{\$} 35	\$
MIDLAND MI 48640	Click Here for	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	0	, mono no medion
Occupation Employer		1
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 03/16/08 Name & Address		
BRIAN REDMOND	50	405
11 BAY SHORE DR BAY CITY MI 48706	_{\$} 50	_{\$} 135
5. If over \$100.00 cumulative, please provide:		
DETIDEN	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
Page Subtotal	\$190.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	ud.
Page 8 of 43	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

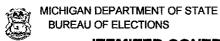
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/16/08 Name & Address:	
MICHAEL ROWLEY	
1561 WEDGEWOOD PL	25
ESSEXVILLE MI 48732	_{\$} 35
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	Chek mere for Memo Remization
Business Address	_
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/25/08 Name & Address	
KEVIN STAPISH 14 W SHARLEAR ESSEXVILLE MI 48732	<u>\$ 50 </u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	<u>-</u>
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/20/08 Name & Address:	
JOHN & CONSTANCE VAN POPPELEN 3074 OAKWOOD CT BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide:	\$ 35 Click Here for Memo Itemization
Occupation Employer	
Business Address	-
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	-
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address	
JOHN & KAREN WEST 3314 DEARBORN FLINT MI 48507	_{\$} 50
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
Page St Grand Total of All Schedul (Complete on last page of Sch	les 1A
Page 9 of 43	line 3a of Summary Page



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

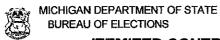
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address:	_	
GRIFFITH ACKER DVM & JANE ACKER 2420 CHIP RD KAWKAWLIN MI 48631	_{\$} 10	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		monto nomization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
CARMELL ANDERSON & JAMES HOPPENJAN 1317 18TH ST BAY CITY MI 48708	_{\$} 35	_{\$} 70
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address:	_	
WILLIAM & LAURIE BERNER 271 DONOHUE BCH	_{\$} 100	_{\$} 300
BAY CITY MI 48706	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:	23	
Occupation PRESIDENT Employer BERNER MEDICAL SYSTEMS INC		
Business Address 1003 WOODSIDE AVE ESSEXVILLE MI 48732 Type of Contribution: Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
TOM BOCK & KAREN TIGHE 2123 CENTER AVE BAY CITY MI 48708	_{\$} 70	_{\$} 175
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF	Click Here fo	r Memo Itemization
Business Address 701 5TH ST BAY CITY		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	\$215.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) L	
Page 10 43	Enter this total on line 3a of Summan Page.	1



CANDIDATE COMMITTEE

2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 03/03/08 Name & Address:		
WILLIAM & SALLY BOWEN 2099 E TITTABAWASSEE HEMLOCK MI 48626	_{\$} 50	. \$
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
HENRY BRANDT 986 RUSSELL RD BAY CITY MI 48708	_{\$} 50	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation CORN/SCYBEAN FARMEMPloyer SELF		
Business Address 986 RUSS ELL RD BAY City MI. 48708		
Type of Contribution: Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/27/08 Name & Address:		et en en treta i la companya en
DAAVID & BETH COOK 110 HART ST ESSEXVILLE MI 48732	_{\$} 35	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
GERALD & MARY JOLAINE DESLOOVER 3672 E MARCUS SAGINAW MI 48603	_{\$} 100	_{\$} _300
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation CPA Employer THE REHMANN GROUP	Q.IOR : 1010 10	
Business Address 5800 GRATIOT SAGINAW MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$235.00 Enter this total on	_
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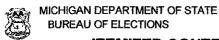
CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

2. Committee Name

Tom Hickner for County Executive

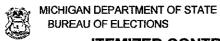
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address:	-	· ————
DORE ENTERPRISES PO BOX 146 BAY CITY MI 48707-0146	_{\$} 100	_{\$} 300
5. If over \$100.00 cumulative, please provide:	Official Lines &	
Occupation DEMOLITION Employer SELF	Click Here to	or Memo Itemization
Business Address 900 TRUMAN PARKWAY BAY CITY		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address		
EDW GALLAGHER II & DIANE POWERS 28 CENTER CRT BAY CITY MI 48708	_{\$} _50	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation ATTORNEY Employer FRIED GALLAGHER TAYLOR & ASSOC		
Business Address 604 S JEFFERSON SAGINAW 48607		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/27/08 Name & Address:	_	
JAMES GEORGE 12585 NIBLOK RD CHESANING MI 48616	\$ 100	\$
5. If over \$100.00 cumulative, please provide:	Click Here to	Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
WM & MARY GREGORY 264 JENNISON PL BAY CITY MI 48708	_{\$} 50	_{\$_} 110
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation OWNER Employer SELF		
Business Address GREGORY CONSTUCTION 800 WOODSIDE BAY CITY		
Type of Contribution:		
Page Subtota	\$300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	
Page 12 of 43	Enter this total on line 3a of Summary Page.	. 1848/1000



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

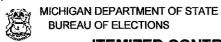
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/03/08 Name & Address:		
MARVIN & SHIRLEY HASSO		
3220 TWO MILE RD PO BOX 867	25	
PINCONNING MI 48650	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Obele Herry	ing B.A Its and a set of
Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
GUILLERMO HERRERA CPA 522 N MADISON AVE BAY CITY MI 48708	_{\$} 40	. \$
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/01/08 Name & Address:		
KATHRYN HODGE 602 W INDIANA BAY CITY MI 48706	\$ 35	s \$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address The of Contribution CO Direct		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	.	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/01/08 Name & Address		
HOWARD HURT DO & SUSAN HURT 607 W COTTAGE GROVE RD LINWOOD MI 48634	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Hara fo	r Memo Itemization
Occupation Employer	CHOIC IOI C IO	. None Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$145.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 13 of 43	line 3a of Summary	,



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address:		
RALPH J ISACKSON 6325 GOLF LAKES CRT BAY CITY MI 48706	_{\$} 25	\$
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer	Short Horo I	or morro normaduori
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/08 Name & Address		
JOSEPH & SHARON JANICKE 525 LINWOOD BCH LINWOOD MI 48634	_{\$} 100	_ \$
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/02/08 Name & Address:		
RICHARD & MELISSA JANKE 272 JENNISON PL BAY CITY MI 48708	_{\$} 50	- \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 03/01/08 Name & Address		
JOHN & JUDY LORE 253 JENNISON PL BAY CITY MI 48708	_{\$} 100	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$275.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 14 43	Page.	

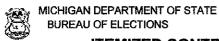


CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

2. Committee Name Tom Hickner for County Executive

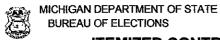
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address: CORINNE MARTIN		
605 W OHIO ST	10	
BAY CITY MI 48706	_{\$} _10	_ \$
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	Olick Heite	TO MOTHO ILCTRIZATION
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/01/08 Name & Address		ì
AL & JOY MCFADYEN 2220 MCKINLEY BAY CITY MI 48708	_{\$} 35	_s 205
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation EXEC DIR Employer DELHI CHARTER TWP		
Business Address 2045 N CEDAR ST HOLT MI 48842	•	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	_	
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address:		
DR HARRY MCGEE & EVA MCGEE 2387 MUIRHEAD DR BAY CITY MI 48706	_{\$} 100	_{\$} 300
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation RETIRED Employer		
Business Address Type of Contribution:		
Tala talou		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
PATRICK D NEERING 2214 GROVELAND RD BAY CITY MI 48708	_{\$} 50	_{\$_} 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: 🗸 Direct Loan from a person 📝 Fund Raiser		
Page Subtotal	\$195.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this 4-4-1	
153 	Enter this total on line 3a of Summar Page.	•



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

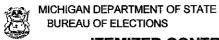
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address:		
JAMES & CONSTANCE PITZ 5601 PONDVIEW MIDLAND MI 48640	_{\$} 100	_{\$} 200
5. If over \$100.00 cumulative, please provide:	Olista I Isaas 4	
Occupation BUSINESS Employer STRAITS CORP	Click Here t	or Memo Itemization
Business Address 1410 S VALLEY CENTER DR BAY CITY MI 48706		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
TOM & MARY ANNE PUTT 3837 GARFIELD RD AUBURN MI 48611	_{\$} 50	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address:	<u> </u>	ti termina di Iliandia di Araba
BENNETT & PATTI RUBY 2304 VINA CT BAY CITY MI 48708	_{\$} 35	<u>\$ 70</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		and the state of the
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
DONALD & ANGELA SCHERZER 5470 FOUR MI BAY CITY MI 48706	_{\$} 250	\$
5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Memo Itemization
Occupation ENGINEER Employer SPICER GROUP	Click Hele to	i Memo nemization
Business Address 230 S. WASHINGTON AUE, SAGINAW 48602		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		<u> </u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 16 of 43	\$435.00 Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______14074

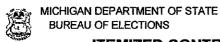
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/27/08 Name & Address:		
GAIL & CHARLES SCHMIDT		
3360 W STERLING RD	_{\$} 50	150
OMER MI 48749	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation UNI-SERVE FLECO ASSTEMPloyer MEA		
Business Address Po Box 39 STANDISH MI 48658 Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address		
LYDIA SOLINSKI 403 E SALZBURG RD BAY CITY MI 48706	_{\$} 35	<u>\$</u> 70
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/23/08 Name & Address:		
MICHAEL STODOLAK 1206 5TH ST BAY CITY MI 48708	_{\$} 35	_{\$} 70
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/27/08 Name & Address		
L P VESCIO 592 FOXBORO RD SAGINAW MI 48603	_{\$} 50	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Page Subtotal	\$170.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
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CANDIDATE COMMITTEE

1. Committee I.D. Number ______14074

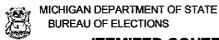
Enter contributor's name and address. If contribution is from an individual, enter last name, fi middle initial. Check box to indicate if contribution is from a Political Committee or an Indeper Committee (PAC) Report all contributions regardless of amount.	· •
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 02/28/08 Name & Address:	
WM & CAROL WRIGHT	
1513 RAYMOND	, 10
BAY CITY MI 48706	\$ \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/05/08 Name & Address	
GEORGINA AUER	25 70
204 PARK AVE	_{\$} 35
BAY CITY MI 48708	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/09/08 Name & Address:	
JOY BAKER	50 050
6323 GOLF LAKES CT	_{\$} 50
BAY CITY MI 48706	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	CHOK FIGURE 137 MISHING NO.M.Editor.
Occupation RETIRED Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address	
JULIANN BOLLMAN	400 405
306 38TH ST BAY CITY MI 48708	_{\$} 100 _{\$} 135
5. If over \$100.00 cumulative, please provide:	
Occupation DIRECTOR Employer BAY COUNTY	Click Here for Memo Itemization
Business Address 520 W HAMPTON RD ESSEXVILLE	
Type of Contribution: V Direct Loan from a person V Fund Raiser	
- Instruction	age Subtotal \$195.00
Grand Total of All So	
(Complete on last page of	· · · · · · · · · · · · · · · · · · ·
18 43	line 3a of Summary
Page	Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

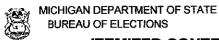
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/03/08	· (
Name & Address: ———————————————————————————————————		
5625 W SPRING KNOLL DR	05	
BAY CITY MI 48706	_{\$} 25	\$
5. If over \$100.00 cumulative, please provide:	Oli -1-11 f-	
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
JOHN & SALLY DECKER		
284 KILLARNEY BCH RD	_{\$} 35	\$
BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Memo Itemization
	Click Here to	i Wemo nemization
- Cocapation		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/04/08 Name & Address:		
LEWIS DODAK		
10459 MORSEVILLE RD	_{\$} 35	\$
BIRCH RUN MI 48415		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: 🗸 Direct Loan from a person 🗸 Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/10/08 Name & Address		
PHILIP & NANCY ENGELHARDT		
2149 REPPUHN	ູ 100	•
BAY CITY MI 48706	¥	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer	0.000.000	mono nomeda
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
Page Subtotal	\$195.00	
Grand Total of All Schedules 1A		1
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19 of 43	line 3a of Summary	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______

Enter contributor's name and address. If contribution is from an individual, enter last name, first i middle initial. Check box to indicate if contribution is from a Political Committee or an Independe Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 03/06/08 Name & Address:	
JAMES FALVEY 2088 REPPUHN DR BAY CITY MI 48706	_{\$} 15
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/07/08 Name & Address	
HUBERT GORNEY 490 HALE DR BAY CITY MI 48708	<u>\$ 25 </u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	_
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/09/08 Name & Address:	
J & G HORGAN 4095 EASTPORT DR BRIDGEPORT MI 48722	<u>\$ 50 </u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: V Direct Loan from a person V Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/08/08 Name & Address	·
MARTIN & JACKOLYN HORNACEK 609 GLENVIEW CT PINCONNING MI 48650	<u>\$ 50</u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
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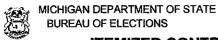


CANDIDATE COMMITTEE

1. Committee I.D. Number 140/4

Tom Hickner for County Executive

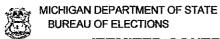
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/03/08		
JOHN A HOWLAND		
2110 16TH ST	00	100
BAY CITY MI 48708	_{\$} 30	<u>§ 100</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/03/08 Name & Address		
TONY KAS-MIKHA	25	70
7620 MAPLE RD	_{\$} 35	<u> </u>
FRANKENMUTH MI 48734		
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/04/08 Name & Address:		
DR WALTER & MARY HOWLAND	25	400
2316 GYSIN CT	_{\$} 35	_s 120
BAY CITY MI 48708	Clink Horn fo	r Mama Itamization
5. If over \$100.00 cumulative, please provide:	Click nere to	r Memo Itemization
Occupation RETIRED Employer_		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/10/08 Name & Address		
DAVID & CONNIE LEROUX	400	
PO BOX 1324	_{\$} 100	. \$
BAY CITY MI 48707		T
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	\$200.00	
Grand Total of All Schedules 1A		
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21 43	line 3a of Summary	
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CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/04/08 Name & Address:		
HON JOHN & JEAN LEAMING 37 E SHARLEAR DR ESSEXVILLE MI 48732	_{\$} 35	_{\$} 105
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation RETIRED Employer	Onor Horo R	n momo nomización
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
JIM KOSKI 2701 STARLITE DR SAGINAW MI 48603	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/03/08 Name & Address:	•	
BRIAN KAY 2115 6TH ST BAY CITY MI 48708	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/04/08 Name & Address		
FREDERICK & MARY ANN MEYER 5611 MEADOW VIEW DR BAY CITY MI 48706	_{\$} 25	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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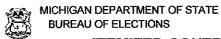


CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/03/08 Name & Address:		
SCOTT MCINTYRE		
1107 SAGINAW	35	ູ 105
BAY CITY MI 48708	_{\$} 35	\$ 100
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation OWNER Employer SELF	Ollok Hore I	OF MOTIO ROTHERROH
Business Address MCINTYRE PROPERTY MANAGEMENT CO 1107 SAGINAW ST BAY CITY		i
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	···	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/09/08 Name & Address		
NANCY MCDONOUGH	_s 35	
607 NURMI CT BAY CITY MI 48708	\$	<u> </u>
	Oliele Henry &	or Momo Itarri
5. If over \$100.00 cumulative, please provide: Cocupation Employer	Click Here to	or Memo Itemization
Occupation		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/10/08 Name & Address:		
JOHN & ANN O'BRIEN	_s 100	200
4687 4 MI RD	\$ 100	_{\$} 200
BAY CITY MI 48706	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	UNION FIOTO TO	omo nomedion
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	<u></u>	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/03/08 Name & Address		
LEONARD & MARY NORMAN	400	
4304 SAG A BAY DR	_{\$} 100	. \$
AU GRES MI 48703		T
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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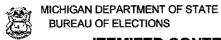


CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

2. Committee Name Tom Hickner for County Executive

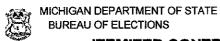
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 03/08/08 Name & Address:		
HON SCOTT & DOREEN NEWCOMBE 5616 FIRETHORNE DR BAY CITY MI 48706	_s 35	\$
5. If over \$100.00 cumulative, please provide:	Ψ	<u> </u>
Occupation Employer	Click Here fo	or Memo Itemization
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Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		. Balan Amerika a a a a a a a a a a a a a a a a a a
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/06/08 Name & Address		
DAVID & VICKIE MURRAY 4301 THREE MI RD BAY CITY MI 48706	<u>\$ 100</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/05/08 Name & Address:		
THOMAS PIGGOTT OR JOHN PIGGOTT 2379 MUIRHEAD DR BAY CITY MI 48706	_{\$} 35	<u>\$_</u> 70
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/09/08 Name & Address		
JANE PERKINS 1106 HARBOR COVE BAY CITY MI 48706	_{\$_} 20	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		THORIO ROTHEMOUS
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	\$190.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 24 43	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______14074

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	, 6. Amount 7. Cumulative for Election Cycle for Ea Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address: WM & BARBARA PALMER 4512 GARFIELD RD AUBURN MI 48611	_{\$} 25
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemizatio
Occupation Employer	
Business Address	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address	
RICHARD & TINA PABALIS 5431 CHRISTENA RD BAY CITY MI 48706	_{\$} 35 _{\$} 105
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation SUPERVISOR Employer BAY COUNTY BLDGS & GRNDS	
Business Address 515 CENTER AVE BAY CITY	
Type of Contribution:	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/08/08 Name & Address:	
ROBERT & LORI REDMOND 201 N MOUNTAIN ST BAY CITY MI 48706	\$ 35
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/07/08 Name & Address	
KIM & JOHN PRIESSNITZ 5314 CAMPAU DR MIDLAND MI 48640	_{\$} 50
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	-
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
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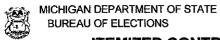
CANDIDATE COMMITTEE

1. Committee I.D. Number ___

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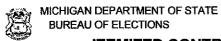
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/06/08 Name & Address:		
CHARLES PINKERTON		
1424 STRAITS DR	ູ 100	200
BAY CITY MI 48706	\$ <u>100</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation BUSINESS Employer OWNER STRAITS CORP.		
Business Address 1424 STRAITS DR. BAy City MI. 48706		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	24	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/05/08 Name & Address		
DAVID & DOLORES ROGERS	100	200
4659 DALE CT	_{\$} 100	_{\$} 300
BAY CITY MI 48706		A. 40 1 41
5. If over \$100.00 cumulative, please provide: MY RAY CITY	Click Here to	r Memo Itemization
Occupation COLUMNIST Employer MY BAY CITY		
Business Address 509 CENTER AVE BAY CITY		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/06/08 Name & Address:		
GERALD & MARY RICKER	_s 35	
1301 COLUMBUS AVE	§ 00	<u>\$</u>
BAY CITY MI 48708	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/09/08 Name & Address		
LARRY & REBECCA REIMANN	05	
803 FLORIDA CT	_{\$} 35	\$
BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	\$270.00	
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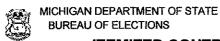
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address:		
MICHAEL & DIANE REGULSKI		
3460 FAIRWAY DR	_s 35	ູ 105
BAY CITY MI 48706	\$ 00	\$ 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation DIRECTOR Employer BAY COUNTY FINANCE DEPT		
Business Address 515 CENTER AVE BAY CITY		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address		
MITCHELL & JEANETTE SINGER 6734 EDINBOROUGH WEST BLOOMFIELD MI 48322	_{\$} _100	\$
5. If over \$100.00 cumulative, please provide:	Click Hore fo	or Memo Itemization
Occupation Employer	Office 1 to 10	i weilo kelinzanon
Business Address		
Type of Contribution:	Service services and a service service service service services and service services and service services and services are services and services are services and services and services and services are	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/10/08 Name & Address:		
THOMAS SCHINDLER 261 E TOWNLINE RD AUBURN MI 48611	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/10/08 Name & Address		
ROBERT SAROW 1111 N WATER ST UNIT 201 BAY CITY MI 48708	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer	Olick Fiere IO	Memo Remization
Business Address		
Type of Contribution: 🗸 Direct Loan from a person 📝 Fund Raiser		
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CANDIDATE COMMITTEE

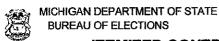
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/04/08 Name & Address:	_	
PAUL & PEGGY ROWLEY PO BOX 1115 BAY CITY MI 48707	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer	ONOR FICTO I	or werro terrazation
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address		
FRED & PAMELA TODD 776 MAPLE CREST FRANKENMUTH MI 48734	_{\$} _100	_{\$} 300
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation CONSULTANT Employer SELF		
Business Address 776 MAPLE CREST FRANKENMUTH MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/04/08 Name & Address:		
DR JAMES & ELIZABETH STODDARD 2316 NURMI DR BAY CITY MI 48708	\$ 35 Click Here fo	. \$ r Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/10/08 Name & Address		
RICH STEELE 608 N MADISON AVE BAY CITY MI 48708	_{\$} 35	_{\$_} 105
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation OWNER Employer STEELE MEMORIAL CO		
Business Address 608 MADISON AVE BAY CITY		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtota	\$205.00	
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CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

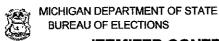
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address:		
CARL & DIANE SMITH		
111 SHARPE	25	
ESSEXVILLE MI 48732	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	00-1-11	f kd
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/10/08 Name & Address		'
DOUGLAS WIESCINSKI	25	70
3128 PIKEWOOD CT	_{\$} 35	_{\$} 70
COMMERCE TOWNSHIP MI 48382		
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address:		
WILLIAM WEBBER	400	000
683 S LINWOOD BCH RD	_{\$} 100	_ <u>\$</u> 300
LINWOOD MI 48634	Olista Hans &	B.S 14
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization
Occupation PRESIDENT Employer SARGENT SAND CO		
Business Address 2840 BAY RD SAGINAW MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/08/08 Name & Address		
TERRY & DIANE WAGAR		
2696 S WESTGATE DR	ູ 35	ູ 120
BAY CITY MI 48706	Ψ	- 3 <u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation BUSINESS OWNER Employer (RENTAL PROPERTIES)		or morne normanari
Business Address 2696 S. WESTGATE DR. BAY City 48706		
Type of Contribution: Direct Loan from a person Fund Raiser		
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CANDIDATE COMMITTEE

2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/08/08 Name & Address:		· · ·
DEE DEE WACKSMAN		0-
1605 CARLA DR ESSEXVILLE MI 48732	_{\$} 35	_{\$} 95
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/02/08 Name & Address		
ȘTAS YASCOLT	_s 35	. 105
422 W KITCHEN RD	\$ <u>-00</u>	<u> </u>
PINCONNING MI 48650 5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
RETIRED	Ollow Figure 1	or morno someaton
Occupation		
Business Address		
	-	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/06/08 Name & Address:		
STPHEN & DENA WIRT	_s 250	EEO
196 ATHLONE BCH	<u>\$ 200</u>	_ <u> </u>
BAY CITY MI 48706	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer WIRT FINANCIAL		
Business Address 909 WASHINGTON AVE BAY CITY MI 48708		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/06/08 Name & Address		
DOUG WIRT 3405 CORTLAND DR BAY CITY MI 48706	_{\$} 100	_ \$ 200
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer WIRT STONE PRODUCTS	Click Here for	or Memo Itemization
Business Address 3405 CORTLAND DR BAY CITY		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$420.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
30 43	Enter this total on line 3a of Summan Page.	
Page of	. ~3~.	

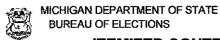


CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

2. Committee Name Tom Hickner for County Executive

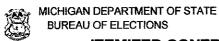
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address: DEANNE & MARK BERGER		
2235 CARROLL RD BAY CITY MI 48708	_s 35	_s 70
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
JERRY COLE 2309 GYSIN CT BAY CITY MI 48708	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:	-	
KIM COONAN 706 SYDNEY ST BAY CITY MI 48706	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
SANDRA COVALESKI 683 BAY RD BAY CITY MI 48706	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation Employer	Click nere lor	Memo Remization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	<u> </u>	
Page Subtota	\$140.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 	
	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

	ox to indicate if cont	contribution is from an individual tribution is from a Political Co regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of F	Receip	ot 03/13/08		
PETER D'ANGE 1265 NOTTING						
GROSSE POIN		48230			_{\$} 70	\$
5. If over \$100.00 cum						
					Click Here	for Memo Itemization
Business Address		_ ,		_		
Type of Contribution:	✓ Direct	Loan from a person	1	Fund Raiser	-	
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of R	eceip	t <u>03/13/08</u>		
MARY DONNEL 613 GREEN AV BAY CITY MI 4	E				_{\$} _35	\$
5. If over \$100.00 cum		vide:			Click Here f	or Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	✓ Direct	Loan from a person	V	Fund Raiser		
3. Contribution #3 Name & Address:	PAC Receipt?	YES 4. Date of F	Recei	ot 03/13/08		
FREDERICK & I 110 BOEHRING BAY CITY MI 4	ER CT	GA			_{\$} 70	_{\$} 175
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation RETIRE)	_ Employer				
Business Address	✓ Direct	Loan from a person	√	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Recei	pt 03/13/08		
BRENT GOIK 216 NICKLESS A FRANKENMUTH					_{\$} 35	- \$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		_ Employer			CHOK HEIGH	or internet internet in the in
Business Address						
Type of Contribution:	√ Direct	Loan from a person	\checkmark	Fund Raiser		
	ing against a stage of the second age of the			Page Subtotal	\$210.00	
				nd Total of All Schedules 1A		
Page 32 of 43		(C	ompl	ete on last page of Schedule)	Enter this total on line 3a of Summan Page.	•
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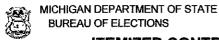


CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

2. Committee Name Tom Hickner for County Executive

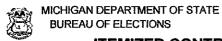
Enter contributor's name and address. If contribution is from an individual, enter middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt (Name & Address:	03/13/08		·
DON & MARILYN GOOD 714 WEBB DR BAY CITY MI 48706		_{\$} 35	_{\$} 105
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation RETIRED Employer			
Business Address Type of Contribution: Direct Loan from a person Fe	und Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt OName & Address	3/13/08		
RONALD GRAHAM 115 BIRNEY ESSEXVILLE MI 48732		_{\$} _50	\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person ✓ F	fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt (Name & Address:	3/12/08		
MICHAEL & IDA HALSTEAD 2157 6TH ST BAY CITY MI 48708		_{\$} 35	_{\$} _70
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person			
	Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt (Name & Address	J3/13/08 		
DAN & NOREEN HATTON 1904 MOSHER ST BAY CITY MI 48706		_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer		OROK FIERE TO	Metho Remization
Business Address	· · · · · · · · · · · · · · · · · · ·		
Type of Contribution: Direct Loan from a person 7 F	und Raiser		
	Page Subtotal Total of All Schedules 1A on last page of Schedule)	\$155.00 Enter this total on line 3a of Summary Page.	_



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

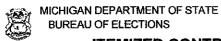
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
JAMES HOLLERBACH		
5231 PARKWAY	0.5	70
BAY CITY MI 48706	_{\$} 35	_{\$} 70
5. If over \$100.00 cumulative, please provide:	o:	 14
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution:	<u> </u>	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
CAL & MARJEAN HORNER	25	
5381 KASEMEYER RD	_{\$} 35	\$
BAY CITY MI 48706		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
MICHAEL JANISKEE 5647 FIRETHORNE DR BAY CITY MI 48706	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	Market Control of the	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
BARBARD KATT		
1307 MCCORMICK ST	_s 35	c
BAY CITY MI 48708		Ψ
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$140.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 34 of 43	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

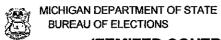
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address: MARIE KURZER		
300 S LINN ST	25	
BAY CITY MI 48706	_s 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	OROK FIGIC IC	n womo nomizadon
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
ESTELLE LAMB 5231 PARKWAY BAY CITY MI 48706	_{\$} 50	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
KURT & WENDY LEGNER 308 S HAMPTON ST BAY CITY MI 48708	_{\$} 50	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation TEACHER Employer BAY CITY PUB SCHOOLS		
Business Address WASHINGTON SCHOOL BAY CITY		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/12/08 Name & Address		
JAMES & NANCY LEWIS 7292 SPRING LAKE TRAIL SAGINAW MI 48603	_{\$} 35	_{\$_} 105
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation LEGISLATIVE AIDE Employer CONGRESSMAN KILDEE		
Business Address 515 N WASHINGTON AVE STE 401 SAGINAW		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$170.00	<u> </u>
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	J
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CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

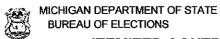
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
DEBRA LUTZ		
279 S LINWOOD BCH RD	25	
LINWOOD MI 48634	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Horo fo	or Memo Itemization
Occupation Employer	Click Here it	or Memo Remization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address		
KEITH & BARBARA MARKSTROM	_s 35	_s 70
1383 N JONES ESSEXVILLE MI 48732	\$	\$ 7 0
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		!
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
JAN MINER	25	70
304 W HAMPTON RD	_{\$} 35	_{\$} 70
ESSEXVILLE MI 48732	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Olick Here for	Weillo Reillization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/11/08 Name & Address		
JAMES SCHELL		
1586 ST MARYS CT	_s 35	ູ 70
ESSEXVILLE MI 48732	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	\$140.00	
Grand Total of All Schedules 1A		
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36 _{_f} 43	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______14074

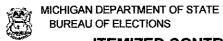
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/12/08 Name & Address:		
JOSEPH & JOANN SHEERAN		
1206 WILDERNESS CT	25	ູ 135
ESSEXVILLE MI 48732	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Hore f	or Memo Itemization
Occupation JUDGE Employer CIRCIUT CRT OF BAY COUNTY	Ollow Hele R	OF MICHIO REPRIZATION
Business Address 1230 WASHINGTON AVE BAY CITY		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	·	
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
MICHELLE & JOEL STRASZ 417 FILLMORE PL BAY CITY MI 48708	_{\$} 35	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
MARTIN & CRYSTAL SZELIGA 1342 W SALZBURG RD AUBURN MI 48611	_{\$} 70	- \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
BOB & JEANNIE TRAXLER 1760 VAN WAGONER DR SAGINAW MI 48638	_{\$} 70	_{\$} 220
5. If over \$100.00 cumulative, please provide:	Click Hare fo	r Memo Itemization
Occupation RETIRED Employer	Ollow Flore IO	i wono nomzauon
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$210.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 37 of 48	Enter this total on line 3a of Summary Page.	·



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/29/08 Name & Address: KEVIN STAPISH		
14 W SHARLEAR	0.5	0.5
ESSEXVILLE MI 48732	_{\$} 35	_{\$} 85
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	4	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/01/08 Name & Address		
SCOTT & NANCY CARMONA 5757 S TWO MILE BAY CITY MI 48706	_{\$} 100	§ 320
5. If over \$190.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation CEO Employer SUNRISE NATIONAL DIST		
Business Address 6004 WESTSIDE SAG RD BAY CITY MI 48706		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	·	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
ROBERT & KIM HORNER 3012 COVENTRY DR BAY CITY MI 48706	_{\$} 35	. <u>\$</u> 45
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
DON GOULET 69 YORK ST BAY CITY MI 48708	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Memo Itemization
Occupation Employer	Click Here to	i wemo tenization
Business Address		
Type of Contribution:		•
Page Subtotal	\$205.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 38 of 43	Enter this total on line 3a of Summary Page.	1

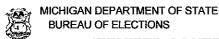


CANDIDATE COMMITTEE

1. Committee I.D. Number _______

. Committee Name	Tom Hickner for County Executive
. Commingee Hame	

	x to indicate if conf	contribution is from an individ tribution is from a Political Co regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: CHRIS IZWORS	PAC Receipt?	YES 4. Date of R	eceip	03/13/08		
547 RIVER RD	PE				40	
BAY CITY MI 4	3706				_{\$} 40	<u> </u>
5. If over \$100.00 cum	ulative, please pro	vide:			Oliak Hana	fan kilana a lianaimatian
Occupation		_ Employer		· · · · · · · · · · · · · · · · · · ·	Click Here	for Memo Itemization
Business Address Type of Contribution:	✓ Direct	Loan from a person	√	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of R	eceip	03/13/08		
DAVE VENTRO 1783 MAROBA LINWOOD MI 4					<u>\$</u> 35	_ \$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here t	or Memo Itemization
Occupation	.,,	_ Employer		 		
Business Address						
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of F		ot 03/13/08		
SALLY ENGLER 1063 W RIDGE ESSEXVILLE M					_{\$} 35	_ \$
5. If over \$100.00 cum		vide:			Click Here for	or Memo Itemization
Occupation		_ Employer		· · · · · · · · · · · · · · · · · · ·		
Business Address Type of Contribution: [Direct	Loan from a person	✓	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Recei	pt 03/13/08		
JOHN DAVIDSO 1218 MARSAC BAY CITY MI 48					_{\$} 35	\$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		_ Employer			Olick I tole it	O MISHIO REHIIZQUON
Business Address						
Type of Contribution:	✓ Direct	Loan from a person	\checkmark	Fund Raiser		
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Page 39 of 43		(C	-	· -	Enter this total on line 3a of Summar Page.	-



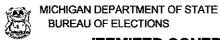
CANDIDATE COMMITTEE

14074 1. Committee I.D. Number

Tom Hickner for County Executive 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address: JAMES MINER 1625 ROSEMARY LN 35 **ESSEXVILLE MI 48732** 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ Business Address Type of Contribution: ✓ Direct Fund Raiser Loan from a person YES 3. Contribution #2 PAC Receipt? 4. Date of Receipt 03/13/08 Name & Address SUE GANSSER ູ 35 1511 WOODMERE BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_ Occupation _ Business Address Type of Contribution: 🗸 Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 03/13/08 Name & Address: **DICK SPENCE** _s 70 417 MCCOSKRY SAGINAW MI 48601 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: **Employer** Occupation_ Business Address Type of Contribution: 🗸 Direct Loan from a person Fund Raiser Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address DR MIKE & DEB GRUBER _s 70 108 BOEHRINGER CT BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Business Address Type of Contribution: V Direct Fund Raiser Loan from a person Page Subtotal \$210.00

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary

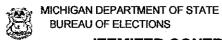


CANDIDATE COMMITTEE

1. Committee I.D. Number _

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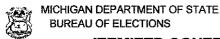
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
BILL & ELAINE FOURNIER 1020 N WATER ST BAY CITY MI 48708	_s 35	_s 120
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation OWNER Employer SELF	Click Here i	or iviento iternization
Business Address STEINHAUS 1108 N WATER BAY CITY 48708		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
BARB MACGREGER 426 HURON LINWOOD MI 48634	_{\$} 35	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
MIKE GRABOWSKI 909 5TH ST BAY CITY MI 48708	_{\$} 35	_{\$} 55
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/13/08		
Name & Address		
TOM & LAURA RYDER 601 N HAMPTON BAY CITY MI 48708	_{\$} 70	_{\$_} 170
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation BUSINESS MANAGER Employer IBEW LOCAL 692	Short for to	The second secon
Business Address 1300 W THOMAS BAY CITY MI 48706		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$175.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summan	
-Page of of the second of the	Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address:		
DR GERALD & JANET SCHLOFF 112 BOEHRINGER CT BAY CITY MI 48708	_{\$} 35	_{\$} 85
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/08 Name & Address		
JANE SMITH 265 E HAMPTON RD ESSEXVILLE MI 48732	_{\$} 35	
5. If over \$100.00 cumulative, please provide:	Click Here f	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/20/08 Name & Address:		
STEWART & LINDA REID 2196 OLD HICKORY DR BAY CITY MI 48706	<u>\$</u> 20	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/16/07 Name & Address		
DR DHANA & PATRICIA SHRESTHA 2133 HERITAGE DR BAY CITY MI 48706	_{\$} 100	_{\$} 450
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation PHYSICIAN Employer SELF	OHOR HEICH	or morno normadion
Business Address 3720 KATALIN CT BAY CITY MI 48706		
Type of Contribution: V Direct Loan from a person Fund Raiser	.1.	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Ψ100.00	v
Page 42 of 43	Page.	J



CANDIDATE COMMITTEE

1. Committee I.D. Number _____14074

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: RALPH TREPK	PAC Receipt?	YES 4. Date	of Receip	03/13/08		
308 N SHERMA					35	
BAY CITY MI 4	8708				_{\$} 35	<u>\$</u>
5. If over \$100.00 cum	ulative, please pr	ovide:			Click Here f	or Memo Itemization
Occupation		Employer			Ollok Holo I	or monio nomization
Business Address	-			·		
Type of Contribution:	√ Direct	Loan from a persor	√	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Receipt	03/13/08		
HOWARD & JUI 1866 WETTERS KAWKAWLIN M	RD	S			_{\$} _50	_{\$} 250
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	or Memo Itemization
Occupation DIRECTO	OR MSU	_ Employer_MICH ST	ATE UN	liV		
Business Address 515						
Type of Contribution:		Loan from a person	7	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		of Receip	t		
					\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser	•	
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	e of Recei			
					\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Hore for	r Memo Itemization
Occupation		Employer			Click nere to	r wemo temzaton
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$85.00	
				nd Total of All Schedules 1A te on last page of Schedule)	\$8180.00	
Page 43 of 43					Enter this total on line 3a of Summary Page.	
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SCHEDULE 1-IK

1. Committee I. D. Number 14074

CAN	DID	ATE	CON	MIT	TE

2. Committee Name Tom Hickner for County Executive

CANDIDATE COMM					
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)			
Contribution # 1 PAC Receipt? Yes Name & Address: TOM HICKNER 4821 E WESTGATE BAY CITY MI 48706 If over \$100.00 cumulative, please provide: Occupation: County Executive Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description CONFERENCE 5. Date Of Receipt: 02/11/08	30.OO _{\$}			
BAY COUNTY 515 CENTER AVE. BAY CITY. MI. 48708 Fund Raiser Contribution	6. Vendor Name & Address: MAC-PAC RECEPTION LANSING MI	lick Here for Memo Itemization			
Contribution # 2 PAC Receipt? Yes Name & Address TOM HICKNER	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN	85.00 \$			
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description DONATION 5. Date Of Receipt: 01/28/08 6. Vendor Name & Address: NATHAN WEIDNER FUNDRAISER BAY CITY MI 48706	ick Here for Memo Itemization			
Fund Raiser Contribution					
Contribution #3 PAC Receipt? Yes Name & Address: TOM HICKNER	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	6.40 <u>\$</u> 44.80			
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	Description POSTAGE 5. Date Of Receipt: 01/29/08 6. Vendor Name & Address:	ick Here for Memo Itemization			
	Page Subtota Grand Total of all Schedules 1-I (Complete on last page of Schedule	к			
		Enter this total on line 6 of Summary Page			

Page 1 of 7



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

CANDIDATE COMMITTEE	C	Δ	N	D	חו	Δ	TE	CO	ì	М	ИI.	TT	F	E
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OAITDIDATE COIIII	The state of the s	
Name and Address from whom received If contribution is from an individual, enter last	Type of In-Kind Contribution (Check applicable box)	7. Amount or 8. Cumulative Fair Market for Election
name first. Check box to indicate if contribution	5. Date of Receipt	Value Cycle (Through
is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Name & Address of Vendor from whom goods or services were	date in Item 5)
Report all in-kind contributions.	purchased	
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
Name & Address:	Goods Donated or Loaned Services Donated	15.00
TOM HICKNER	Goods or Services Purchased by Candidate or Others	\$
	Goods or Services Purchased by Candidate or Others- LOAN	
If over \$100.00 cumulative, please provide:	-	
Occupation:	Description DUES	
Employer Name & Business Address:	5. Date Of Receipt: 02/12/08	
	6. Vendor Name & Address:	k Here for Memo Itemization
	ST GEORGE SOCIETY	ACTION OF MOTION ROTHERSHOTT
	1401 S GRANT	
Fund Raiser Contribution	BAY CITY MI 48708	
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
Name & Address	Goods Donated or Loaned Services Donated	
TOM HICKNER	Goods or Services Purchased by Candidate or Others \$2	09.48 \$
	Goods or Services Purchased by Candidate or Others- LOAN	
	Description DINNER & REFRESHMENTS	
If over \$100.00 cumulative, please provide:	•	
Occupation:	5. Date Of Receipt: 04/16/08	
Employer Name & Address:	6. Vendor Name & Address:	
	BAY CITY COUNTRY CLUB Clic	ck Here for Memo Itemization
	7255 S THREE MI RD	
	BAY CITY MI 48706	
Fund Raiser Contribution		
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	\ 00
Name & Address:	Goods Donated or Loaned Services Donated \$50).UU
TOM HICKNER	Goods or Services Purchased by Candidate or Others	
	Goods or Services Purchased by Candidate or Others- LOAN	
If over \$100.00 cumulative, please provide:	Description DONATION	
Occupation:	5. Date Of Receipt: 05/18/08	
Employer Name & Address:	6. Vendor Name & Address:	
	Cii	ck Here for Memo Itemization
	NAACP FREEDOM FUND DINNER PO BOX 355	
	BAY CITY MI 48707	
Fund Raiser Contribution	DAT OFF ME TOTOL	
L		0074.40
	Page Subtotal	\$274.48
	Grand Total of all Schedules 1-Ik	
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SCHEDULE 1-IK

1. Committee I. D. Number 14074

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ONIDIDA I L COMM							
Name and Address from whom received If contribution is from an individual, enter last	Type of In-Kind Contribution (Check applicable box)	7. Amount or 8. Cumulative Fair Market for Election					
name first. Check box to indicate if contribution is from a Political Committee or an Independent	5. Date of Receipt 6. Name 8. Address of Vender from whem goods or convices were	Value Cycle (Through					
Committee (Both are commonly called PACs).	Name & Address of Vendor from whom goods or services were purchased	date in Item 5)					
Reportal in-kind contributions.	4. Endorsement or Guarantee of Bank Loan						
Contribution # 1 PAC Receipt? Yes Name & Address:							
TOM HICKNER	T	30.00 _{\$}					
POWITIONIALIX	Goods or Services Purchased by Candidate or Others						
	Goods or Services Purchased by Candidate or Others- LOAN						
If over \$100.00 cumulative, please provide: Occupation:	Description ANNUAL MEMBERSHIP						
Employer Name & Business Address:	5. Date Of Receipt: 05/19/08						
	6. Vendor Name & Address:	f. Llere for Marre Herrizotion					
	NAACP Click Here for Memo Itemization						
[<u></u>	PO BOX 355						
Fund Raiser Contribution	BAY CITY MI 48707						
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan						
Name & Address	Goods Donated or Loaned Services Donated	04.67 . 204.05					
TOM HICKNER	Goods or Services Purchased by Candidate or Others	21.57					
	Goods or Services Purchased by Candidate or Others- LOAN						
if over \$100.00 cumulative, please provide:	Description DINNER, BARCIA, MAYES, MILES & CUSHINGBERRY						
Occupation:	5. Date Of Receipt: 05/15/08						
Employer Name & Address:	6. Vendor Name & Address:						
		J. 18 Z bd lkk					
	BAY CITY COUNTRY CLUB 7255 S THREE MILE RD	k Here for Memo Itemization					
	BAY CITY MI 48706						
Fund Raiser Contribution							
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	400.00					
Name & Address:	Goods Donated or Loaned Services Donated \$_10	0.00 \$ 120.00					
TOM HICKNER	Goods or Services Purchased by Candidate or Others						
	Goods or Services Purchased by Candidate or Others- LOAN						
If over \$100.00 cumulative, please provide:	Description SPRING FLING TICKET						
Occupation:	5. Date Of Receipt: 05/09/08						
Employer Name & Address:	6. Vendor Name & Address:						
		k Here for Memo Itemization					
	PO BOX 556						
	PINCONNING MI 48650						
Fund Raiser Contribution							
	Page Subtotal	\$251.57 \$451.05					
	, ago ousion.	Ψ2.01.01 Ψ401.00					
	Grand Total of all Schedules 1-IK	1 I					
	(Complete on last page of Schedule)	L					
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SCHEDULE 1-IK

1. Committee I. D. Number

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OAIDDAIL OOM			
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution	Type of In-Kind Contribution (Check applicable box) Date of Receipt	Fair Market fo	Cumulative r Election
is from a Political Committee or an Independent	Name & Address of Vendor from whom goods or services were		ycle (Through ate in Item 5)
Committee (Both are commonly called PACs). Report all in-kind contributions.	purchased		
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address:	Goods Donated or Loaned Services Donated	22.00 _{\$}	
TOM HICKNER	Goods or Services Purchased by Candidate or Others		
	✓ Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description DINNER FUNDRAISER		
Employer Name & Business Address:	5. Date Of Receipt: 05/12/08		
	6. Vendor Name & Address:	Click Here for Memo Itemiz	ration
	HERMAN MARSHALL FUND	AUX 1010 101 WOTTO HOTTE	.auoty
	1315 BROADWAY BAY CITY MI 48708		
Fund Raiser Contribution	DAT OTT I WILL 40700		
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan		
TOM HICKNER	Goods Donated or Loaned Services Donated	70.00 \$	
TOWTHORIALIA	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description PRINTING & POSTAGE		
Occupation:	5. Date Of Receipt: <u>04/05/08</u>		·
Employer Name & Address:	6. Vendor Name & Address:		
	ROTARY INTERNATIONAL	Click Here for Memo Itemia	zation
	PO BOX 42		i
Fund Raiser Contribution	BAY CITY MI 48707		
	4. Endorsement or Guarantee of Bank Loan		
Contribution #3 PAC Receipt? Yes Name & Address:		57.83 s 3	88.88
TOM HICKNER	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN		
15 avec \$400.00 aumulative places provide:	Amount .		
If over \$100.00 cumulative, please provide: Occupation:	Description BYRUM DINNER		
Employer Name & Address:	5. Date Of Receipt: <u>04/19/08</u>		
		Click Here for Memo Itemi	zation
	BAY CITY COUNTRY CLUB 7255 S THREE MI RD		
	BAY CITY MI 48706		
Fund Raiser Contribution	DATE OF FINE HOLDS		
	Page Subto	tal \$149.83	388.88
	r age Gable	\$ 149.03 V	00.00
	Grand Total of all Schedules 1	i i	
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		Enter this total on line 6 of Summa Page	ry



SCHEDULE 1-IK

1. Committee I. D. Number 14074

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Tom Hickner for County Executive

CANDIDATE COMM	ITTEE 2. Committee Name			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)	
Contribution # 1 PAC Receipt? Yes Name & Address:	Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	30.00		
TOM HICKNER	Goods or Services Purchased by Candidate or Others	\$		
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others- LOAN Description DINNER FUNDRAISER 5. Date Of Receipt: 04/19/08 6. Vendor Name & Address:			
Fund Raiser Contribution		lick Here for Memo Itemization		
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan			
TOM HICKNER	Goods Donated or Loaned Services Donated	73.45 \$		
	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN			
	Description MARILYNN PELL TRIBUTE			
If over \$100.00 cumulative, please provide: Occupation:	5. Date Of Receipt: 02/16/08			
Employer Name & Address:	6. Vendor Name & Address:			
		ck Here for Memo Ite	mization	
Fund Raiser Contribution				
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ 5.	01 \$_		
TOM HICKNER	Goods or Services Purchased by Candidate or Others			
	✓ Goods or Services Purchased by Candidate or Others- LOAN			
If over \$100.00 cumulative, please provide: Occupation:	Description NAME BADGES			
Employer Name & Address:	5. Date Of Receipt: 03/12/08			
Fund Raiser Contribution	6. Vendor Name & Address: STAPLES 4021 N EUCLID AVE BAY CITY MI 48706			
[hairman]	Page Subtota	\$108.46		
	Grand Total of all Schedules 1-li (Complete on last page of Schedule	Enter this total on line 6 of Sumr	nary	
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SCHEDULE 1-IK

1. Committee I. D. Number

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Tom Hickner for County Executive

CANDIDATE COMIN			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: TOM HICKNER	Goods or Services Purchased by Candidate or Others	5.26 _{\$}	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others- LOAN Description DECORATIONS FOR FUNDRAISER 5. Date Of Receipt: 01/27/08 6. Vendor Name & Address: JO ANN FABRICS 2950 CENTER AVE ESSEXVILLE MI 48732	k Here for Memo ite	mization
Contribution #2 PAC Receipt? Yes Name & Address TOM HICKNER If over \$100.00 cumulative, please provide: Occupation:	4	0.00 \$	<i>3</i> 10
Employer Name & Address: Fund Raiser Contribution	6. Vendor Name & Address:	k Here for Memo Ite	emization
Contribution #3 PAC Receipt? Yes Name & Address: TOM HICKNER	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$ 18 ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN	.11 s	279.59
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	Description PIZZA FOR STAFF 5. Date Of Receipt: 02/21/08 6. Vendor Name & Address: STEIN HAUS 1108 N WATER ST BAY CITY MI 48708	ck Here for Memo Ite	emization
Puro Raiser Commission	Page Subtotal Grand Total of all Schedules 1-IK	\$43.37	\$279.59
	(Complete on last page of Schedule)	Enter this total on line 6 of Sumr Page	mary

Page 6 of 7



Page 7 of 7

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

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CANDIDATE COMM	IIIEE 2. Committee Warne	
Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent	Type of In-Kind Contribution (Check applicable box) Date of Receipt	7. Amount or Fair Market for Election Value Cycle (Through
Committee (Both are commonly called PACs). Report all in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased	date in Item 5)
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
Name & Address:	Goods Donated or Loaned Services Donated	50.00 _s
TOM HICKNER	Goods or Services Purchased by Candidate or Others	
	✓ Goods or Services Purchased by Candidate or Others- LOAN	
If over \$100.00 cumulative, please provide: Occupation:	Description ANNUAL FUNDRAISER	
Employer Name & Business Address:	5. Date Of Receipt: 02/23/08	
	6. Vendor Name & Address:	ck Here for Memo Itemization
	ALL SAINTS ATHLETIC CLUB	CK 1 1010 TOL MOTHO TOTAL COOL
	820 S POWELL ESSEXVILLE MI 48732	
Fund Raiser Contribution	LOOLAVILLE IVII 40/02	
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan	
TOM HICKNER	Goods Donated or Loaned Services Donated Scruices Donated Services Donate	11.00 \$
	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN	
	Description ANNUAL FUND RAISER	
If over \$100.00 cumulative, please provide: Occupation:	5. Date Of Receipt: 02/24/08	
Employer Name & Address:		
	6. Vendor Name & Address:	
	MLK SCHOLARSHIP FUND CI 1315 BROADWAY	ick Here for Memo Itemization
	BAY CITY MI 48708	
Fund Raiser Contribution		
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	1 00
Name & Address:	Goods Donated or Loaned Services Donated \$	1.00 _{\$}
TOM HICKNER	Goods or Services Purchased by Candidate or Others	
	Goods or Services Purchased by Candidate or Others- LOAN	
If over \$100.00 cumulative, please provide:	Description FUNDRAISER	
Occupation:	5. Date Of Receipt: 02/27/08	
Employer Name & Address:	6. Vendor Name & Address:	ick Here for Memo Itemization
	BAY AREA COMMUNITY FOUNDATION	ion for the manner to me and the
	703 WASHINGTON AVE BAY CITY MI 48708	
Fund Raiser Contribution	BAT CITT WIL 40700	
Ladi dila i dila i di d	Page Subtota	0442.00
		Ψ112.00
	Grand Total of all Schedules 1-i (Complete on last page of Schedule	K \$1,021.11
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		on line 6 of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

14074

2. Committee Name Tom Hickner for County Executive

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name POSTMASTER		02/15/08	\$ 20.00
Address	Purpose: BOX RENT	Date	
1000 WASHINGTON AVE		loro for Momo I	temization Type
BAY CITY MI 48707		sere for Merrio	ternzation rype
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		•	
Name GATSBYS		02/19/08	\$ <u>155.85</u>
Address	Purpose: FUNDRAISER FOOD	Date	
203 CENTER AVE	Click H	lere for Memo l	temization Type
BAY CITY MI 48708	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	·		
Name MiDCO		02/25/08	s 25.00
Address	Purpose: DUES	Date	
38134 SARNETTE	Click H	lere for Memo I	temization Type
CLINTON TWP MI 48036	Check box if this expenditure is payment of		,,
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name BAY CITY DEMOCRATIC PRESS		02/25/08	\$ 250.16
Address	Purpose: TICKETS & ENVELOPES	Date	
309 9TH ST	Click H	lere for Memo l	temization Type
BAY CITY MI 48708			71
√ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name POSTMASTER		03/01/08	
Address	Purpose: POSTAGE DUE & STAMPS	Date	\$ <u>116.44</u>
1000 WASHINGTON AVE	Click I	tere for Memo	temization Type
BAY CITY MI 48707	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement	,	
	Subto	tal this page	\$567.45
	Grand Total of all \$ (Complete on last page		
	, ,	′ι	

Enter this total on line 8a of Summary Page



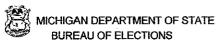
ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MAILROOM		03/06/08	s 344.57
Address	Purpose: BULK MAILING FOR FR	Date	
3075 SHATTUCK			
SAGINAW MI 48603	Click H	lere for Memo	Itemization Type
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name STEIN HAUS		03/31/08	\$ <u>1549.88</u>
Address	Purpose: FUNDRAISER FOOD	Date	
1108 N WATER ST	Click H	ere for Memo	Itemization Type
BAY CITY MI 48708	Check box if this expenditure is payment of		ļ
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
NATIONAL CITY		03/13/08	\$ 35.00
Address	Purpose: RETURNED CHECK	Date	
CENTER & WASHINGTON	Click LI	oro for Momo	Itemization Type
BAY CITY MI 48708		ele iui ivieliiu	iterinzation rype
✓ Fund Raiser	L_ICheck box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
NATIONAL CITY		03/13/08	s 10.00
Address	Purpose: RETURNED CHECK CHARGE	Date	10.00
CENTER & WASHINGTON BAY CITY MI 48708	Click H	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	·		
Address	Purpose:	Date	\$
	Click H	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		al this page	\$1,939.45
	Grand Total of all S (Complete on last page		\$2,506.90
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Enter this total on line 8a of Summary Page

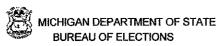


INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

	14074
1. Committee I. D. Number	17017

CANDIDATE COMMITTEE (For use by officeholders only)	2. Committee NameTom Hickner f	or County Ex	ecutive
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: FRIENDS OF CELTIC CULTURE 114 N SHERIDAN ST BAY CITY MI 48708	Purpose DUES/AD	01/04/08 Date Click for Memo Ite	\$100.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code KO Fund Raiser		
Disbursement # 2 Name & Address: CAMP FISH TALES 2177 E ERICKSON PINCONNING MI 48650	Purpose AD	01/24/08 Date Click for Memo Iter	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code KO Fund Raiser		
Disbursement # 3 Name & Address: BAY COUNTY CLERK 515 CENTER AVE BAY CITY MI 48708	Purpose FILING FEE	02/04/08 Date Click for Memo Item	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code OO Fund Raiser		
Disbursement # 4 Name & Address: BAY COUNTY DEMOCRATIC PARTY 2341 BEAVER RD KAWKAWLIN MI 48631	Purpose TKT PRINTING COST	02/05/0 Date Click for Memo Itel	····
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code KO Fund Raiser		
	A		\$290.00
	Grand Tota (Complete on la	I of all Schedules 1C est page of Schedule)	Enter this total

(Complete on last page of Schedule) [
*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY	Enter this total on line 10a of Summary Page
11-301 110 04.11p. 3.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0	
Page	



ommittee	1	ח	Number	1	40	7	4

Tom Hickner for County Executive

(For use by officeholders only) 2.	Committee Name		
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		
CHAMPPS	PELL RETIREMENT PARTY	02/15/08	\$500.00
CHAMPPS		Date	Ψ
LANSING MI	C	lick for Memo Item	ization Type
	Disbursement Code FO		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		00.40
TOM HICKNER	RE-IMBURSEMENT	02/25/08	_{\$} 96.40
4821 E WESTGATE		Date	
BAY CITY MI 48706	М	lemo Itemization Be	elow
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
	Purpose		
Disbursement # 3 Name & Address:	CONFERENCE	02/11/08	_s (30.00)
MAC-PAC RECEPTION	CONFERENCE		\$100.007
		54.0	
LANSING MI	A)	Memo Itemization)	
-	Disbursement Code _DO		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement	L_1 vid raiso		
Disbursement # 4	Purpose		-
Name & Address:	DONATION	01/28/08	<u>(₹5.00)</u>
NATHAN WEIDNER FUNDRAISER		Date	

Disbursement Code GO

Fund Raiser

Subtotal this page

Date Click for Memo Itemization Type

Grand Total of all Schedules 1C (Complete on last page of Schedule)

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Check box if this disbursement is payment of debt or obligation

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

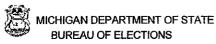
Page	2	of .	//

BAY CITY MI 48706

reported on previous statement

Enter this total on line 10a of **Summary Page**

\$596.40



(For use by officeholders only)

1. Committee I. D. Number	14074
1. Committee i. D. Humber	

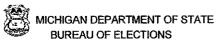
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: POSTMASTER 1000 WASHINGTON AVE BAY CITY MI 48707	Purpose POSTAGE	01/29/08 Date (Memo Itemization	\$ <u>(16.40)</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code AO Fund Raiser		
Disbursement # 2 Name & Address: ST GEORGE SOCIETY 1401 S GRANT BAY CITY MI 48708	Purpose DUES	02/12/08 Date (Memo Itemization)	\$ <u>(15.00)</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code GO Fund Raiser		
Disbursement #3 Name & Address: ST PATS PARADE ASSOC 1316 BROADWAY BAY CITY MI 48708	Purpose AD IN PARADE BOOK	03/06/08 Date Click for Memo Item	- V
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code KO Fund Raiser		
Disbursement # 4 Name & Address: JOHN GLENN HIGH SCHOOL 3201 KIESEL RD BAY CITY MI 48706	Purpose AD IN PLAYBOOK	03/31/08 Date Click for Memo Iter	<u> </u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code KO Fund Raiser		
	Grand Total (Complete on la:	Subtotal this page of all Schedules 1C st page of Schedule)	\$60.00 Enter this total

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

1. Committee I. D. Number

14074

CANDIDATE COMMITTEE Tom Hickner for County Executive 2. Committee Name (For use by officeholders only) 3. Name and address of person to whom disbursement was made 4. Description of Disbursement 6. Amount of 5. Date (Be specific & you may assign a Disbursement disbursement code*) Disbursement # 1 Purpose Name & Address: **AD IN FAIR BOOK** 03/31/08 «50.00 BAY COUNTY FAIR & YOUTH EXPO Date PO BOX 633 Click for Memo Itemization Type BAY CITY MI 48707 Disbursement Code KO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement #2 Purpose Name & Address: DEPOSIT SLIPS NATIONAL CITY BANK Date **CENTER & WASHINGTON** BAY CITY MI 48708 Click for Memo Itemization Type Disbursement Code BO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Purpose Disbursement #3 Name & Address: \$100.00 **AD & TICKET** 04/13/08 MAYORS SCHOLARSHIP FUND Date **PO BOX 556** PINCONNING MI 48650 Click for Memo Itemization Type Disbursement Code KO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 4 Name & Address: 209.48 **RE-IMBURSEMENT** TOM HICKNER Memo Itemization Below Disbursement Code Check box if this disbursement is payment of debt or obligation reported on previous statement Fund Raiser Subtotal this page \$385.73 Grand Total of all Schedules 1C (Complete on last page of Schedule)

> Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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Page	4	0	f i	1



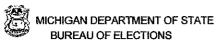
1. Committee I. D. Number	14074	

CANDIDATE COMMITTEE (For use by officeholders only) 2. Committee Name Tom Hickner for County Execut				
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement	
Disbursement # 1 Name & Address: BAY CITY COUNTRY CLUB 7255 S THREE MI RD BAY CITY MI 487067	Purpose DINNER & REFRESHMENTS LIC added Macanin Lun.	Date (Mome Itemization	\$(209.48)	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code FO Fund Raiser			
Disbursement # 2 Name & Address: MARIE HAYES 114 N SHERIDAN BAY CITY MI 48708	Purpose RE-IMBURSE FÖR STAFF DINNER/REFRESHMENTS	04/18/08 Date Click for Memo Iter	\$59.27	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code FO Fund Raiser			
Disbursement # 3 Name & Address: MICH HOUSE DEMOCRATIC FUND PO BOX 16193 LANSING MI 48901	Purpose CAUCUS	04/18/08 Date Click for Memo Iter	§250.00	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser			
Disbursement # 4 Name & Address: STATE OF MICHIGAN LEGISLATIVE SERVICE BUREAU PO BOX 30036 LANSING MI 48909	Purpose MICH MANUAL	04/25/00 Date Click for Memo Iter	<u> </u>	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		on which was a field of the Art is a first de	
		Subtotal this page	\$339.27	
		f all Schedules 1C page of Schedule)		
			Enter this total	

Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

Committee	חו	Number	14074	
an in illinee		IMEHISCHER		

CANDIDATE COMMITTEE (For use by officeholders only) 2.	or County Executive			
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement	
Disbursement # 1 Name & Address: IEW SOLUTIONS FUND	Purpose DONATION	05/02/08 Date	\$ <u>25.00</u>	
PO BOX 9633 DETROIT MI		Click for Memo Item	ization Type	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> Fund Raiser			
Disbursement # 2 Dispursement # 2 Dispur	Purpose DONATION	05/02/08 Date Click for Memo Item	\$100.00	
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code IO Fund Raiser			
Disbursement # 3 Name & Address: HERMAN MARSHALL CANCER FUND 1316 BROADWAY BAY CITY MI 48708	Purpose DONATION	05/12/08 Date Click for Memo Itemi	_{\$2} 5.00	
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code <u>IO</u> Fund Raiser			
Disbursement # 4 Name & Address:	Purpose DINNER FOR VOLUNTEER		_{\$} 185.03	
OOUBLETREE HOTEL I WENONAH PARK PL BAY CITY MI 48708		Date Click for Memo Itemi	ization Type	
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code FO Fund Raiser			

Enter this total on line 10a of Summary Page

Subtotal this page \$335.03

Grand Total of all Schedules 1C (Complete on last page of Schedule)

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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Page	01 * *



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS

				1	40	7	4	
ommittee	t	n	Number	•		•		

CANDIDATE COMMITTEE (For use by officeholders only)	2. Committee Name Tom Hickner fo	or County Exe	ecutive
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: TOM HICKNER	Purpose RE-IMBURSEMENT	05/21/08 Date Click for Merno Item	\$715.23
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Codeon Fund Raiser		
Disbursement # 2 Name & Address: NAACP FREEDOM FUND DINNER PO BOX 355 BAY CITY MI 48707	Purpose DONATION	05/18/08 Date (Memo Itemization)	<u>\$(50.00)</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> n Fund Raiser		
Disbursement # 3 Name & Address: NAACP PO BOX 355 BAY CITY MI 48707	Purpose ANNUAL MEMBERSHIF	Date (Memo Itemization)	<u>s(30.00)</u>

Check box if this disbursement is payment of debt or obligation reported on previous statement

Disbursement Code MO

Fund Raiser

Name & Address: **BAY CITY COUNTRY CLUB**

7255 S 3 MILE RD BAY CITY MI 48706

Disbursement # 4

Purpose

DINNER, BARCIA, MAYES, MILES & CUSHINGBERRY

05/15/08 Date

(121.57)

(Memo Itemization)

Check box if this disbursement is payment of debt or obligation reported on previous statement

Disbursement Code FO Fund Raiser

Subtotal this page

\$715.23

Grand Total of all Schedules 1C (Complete on last page of Schedule)

Enter this total on line 10a of Summary Page

*PLEASE REFER TO	INSTRUCTIONS	FOR LIST OF	DISBURSEMENT	CODE

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY	o annual, v Lgo
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INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

1. Committee I. D. Number

14074

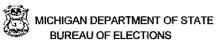
CANDIDATE COMMITTEE Tom Hickner for County Executive (For use by officeholders only) 3. Name and address of person to whom disbursement was made 4. Description of Disbursement 6. Amount of 5. Date (Be specific & you may assign a Disbursement disbursement code*) Disbursement # 1 Purpose Name & Address: SPRING FLING TICKET 05/09/08 s(100.00) BAY COUNTY DEM PARTY Date PO BOX 556 (Memo Itemization) PINCONNING MI 48650 Disbursement Code _IO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement #2 Purpose Name & Address: DINNER FUNDRAISER 05/12/08 HERMAN MARSHALL FUND Date 1315 BROADWAY BAY CITY MI 48708 (Memo Itemization) Disbursement Code FO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 3 Name & Address: Purpose PRINTING & POSTAGE (70.00) 04/05/08 ROTARY INTERNATIONAL **PO BOX 42** BAY CITY MI 48707 (Memo Itemization) Disbursement Code MO Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 4 Name & Address: (57.83) **BYRUM DINNER BAY CITY COUNTRY CLUB** 7255 S 3 MILE RD (Memo Itemization) BAY CITY MI 48706 Disbursement Code FO Check box if this disbursement is payment of debt or obligation reported on previous statement Fund Raiser Subtotal this page \$0.00 Grand Total of all Schedules 10

> Enter this total on line 10a of Summary Page

(Complete on last page of Schedule)

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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Page	8	of	11



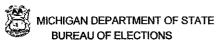
Committee	ı.	D.	Number	14

14074	
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Tom Hickner for County Executive

(For use by officeholders only) 2.	Committee Name		
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: MSU ALUMNI CLUB OF BAY COUNTY 1020 N WATER BAY CITY MI 48708	Purpose DINNER	04/19/08 Date (Memo Itemization	\$ <u>(30.00)</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address: MARRIOTT COURTYARD LANSING MI	Disbursement Code FO Fund Raiser Purpose PELL TRIBUTE	02/16/08 Date (Memo Itemization)	ş <u>(73.45)</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code FO Fund Raiser	(mono nomization)	
Disbursement # 3 Name & Address: STAPLES 4021 N EUCLID AVE BAY CITY MI 48706	Purpose NAME BADGES	03/12/08 Date (Memo Itemization)	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 4 Name & Address: JO ANN FABRICS 2950 CENTER AVE ESSEXVILLE MI 48732	Purpose DECORATIONS FOR FUNDRAIS	SER 01/27/08 Date Click for Memo Iten	_ *
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
	Grand Total (Complete on la:	Subtotal this page of all Schedules 1C st page of Schedule)	\$0.00
LEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT		. 5	Enter this total on line 10a of Summary Page

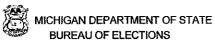
Page 9	of //	 	 	 	



1. Committee I. D. Number	14074
1. Committee I. D. Number	

2. Committee Name Tom Hickner for County Executive

(For use by officenoiders only)			
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:	ANNUAL MEMBERSHIP MEETING	03/04/08	_{\$} (10.00)
BAY CO LEAGUE OF DEM WOMEN & MEN	Parasi and a lateral and a lat	Date	\$(10.00)
1509 THIRD ST	0.		,
BAY CITY MI 48708	vi)	lemo Itemization	,
	•		
	Disbursement Code IO		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement	, , , , , , , , , , , , , , , , ,	 	
Disbursement # 2 Name & Address:	Purpose		(40.44)
STEIN HAUS	PIZZA FOR STAFF	02/21/08	<u>s(18.11)</u>
1108 N WATER ST		Date	
BAY CITY MI 48708			
DAT OFF WILL TOTOG	(M	iemo itemization)	
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 3	Purpose		
Name & Address:	ANNUAL FUNDRAISER	02/23/08	_s (50.00)
ALL SAINTS ATHLETIC CLUB	ANITOALT BITTAIOLIT	Date	- 3(00.00)
820 S POWELL		2010	
ESSEXVILLE, MI 48732	(M	emo Itemization)	
		,	
Check box if this disbursement is payment of debt or obligation	Disbursement Code MO		
reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:	FUNDRAISER	02/24/00	3 (11.00)
MLK SCHOLARSHIP FUND	FUNDRAISER	02/24/08 Date	\$ 11.00/
1315 BROADWAY			
BAY CITY MI 48708	(M	emo Itemization)	
BATT OIL I MIL TOTO			
Check box if this disbursement is payment of debt or obligation	Disbursement Code FO		
reported on previous statement	Fund Raiser		
	Sul	btotal this page	\$0.00
	Grand Total of al (Complete on last pa	l Schedules 1C ge of Schedule)	
		- '	Enter this total
I CACE DEED TO INCTRICTIONS FOR LIST OF DISCRIPS CHIENT	CODES		on line 10a of Summary Page



1. Committee I. D. Number	1407
1. Committee i. D. Nonbei	

Number	14074
Tor	n Hickner for County Executive

(For use by officeholders only) 2.	Committee Name	County Ex	
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: BAY AREA COMMUNITY FOUNDATION	Purpose FUND RAISER	02/27/08	_{\$} (51.00)
703 WASHINGTON AVE BAY CITY MI 48708	(Date Memo Itemization)	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code MO Fund Raiser		
Disbursement # 2 Name & Address: RATTLESNAKE RICKS 708 SAGINAW ST	Purpose PETERSEN RETIREMENT	06/01/08 Date	<u>\$212.00</u>
BAY CITY MI 48708	C	Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose CONFERENCE REGISTRATIO	N 06/28/08	₉ 250.00
DEMOCRATIC LEADERSHIP COUNCIL 600 PENNSYLVANIA AVE SE STE 400 WASHINGTON DC 20003		Date	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code FO Fund Raiser		
Disbursement # 4 Name & Address:	Purpose DLC CONFERENCE	06/30/08	3 _{\$} 139.24
HYATT REGENCY CHICAGO IL	(Date Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code FO Fund Raiser		
		Subtotal this page	\$601.24
	Grand Total of (Complete on last p	all Schedules 1C page of Schedule)	\$3,322.90

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES



Page _____ of ____

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

 1	4	0	7	4

1. Committee I.D. Number

- USE A SEPARATE SHEET FOR EACH EVENT -					
3. Date Event Was Held	4. Numbe	er of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.	
02/05/08	greater)	25	Cocktail Party	Gatsby's 203 Center Ave. Bay City, MI 48708 Private Residence	
7. Total Contributions \$290.00			<u></u>		
8. Other Receipts					
9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (Total Cost includes In-Kind Contribution)		\$290.00			
		\$172.25			
11. Check if event was a j		·			
Co-Sponsor(s)		Contribution (%)	Split	Expenditure Split (%)	
	•••				
	····	<u></u>		****	
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			·		
	<u></u>	***************************************		in all the second secon	
				4-71-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
					
 period covered by the Receipts and expendit Schedule (1A), Itemize Summary Page. 	Campaigr tures listed ed In-Kind	n Statement. d on a Fund Raiser Sc Contributions Schedu	er Schedule for each fund rais hedule must also be reported on le (1-IK), Itemized Expenditure must file a Fund Raiser Schedu	on the Itemized Contributions s Schedule (1B) and the	
Each committee that p	ai livipalei	a in a joint fana taloci :	mot no a rang rangor concat	no to alle etem	



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number _____

		- USE A SEPARATE SH	EET FOR EACH EVENT	•	
3. Date Ever	it Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.	
03/13/08	· · · · · · · · · · · · · · · · · · ·	126	COCKTAIL PARTY	STEIN HAUS 1108 N WATER ST BAY CITY MI 48708 Private Residence	
7. Total Cor	ntributions	\$7,890.00			
8. Other Re	ceipts		<u> </u>		
9. Gross Re	eceipts (Add lines 7				
	ost of Event includes In-Kind Co	\$2,296.05 ntributions and All Expenditures	Made For the Event)		
11. 🔲 Che	eck if event was a jo	int fund raiser and complete the	e following:		
Со	Co-Sponsor(s) Contribution Split (%)		Split	Expenditure Split (%)	
		-	**************************************		
***	· · · · · · · · · · · · · · · · · · ·	-			
		-			
			APPLICATION OF THE PROPERTY OF		
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		red to file a separate Fund Rais Campaign Statement.	er Schedule for each fund raisi	ng event held during the	
Red Sch	eipts and expenditu	res listed on a Fund Raiser Sch d In-Kind Contributions Schedul			
~4:1			nust file a Fund Raiser Schedu		